

STATE OF WASHINGTON
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

105-4-64

WASHINGTON STATE DEPARTMENT OF HEALTH

REG. DIST. NO. 112 STATE FILE NO. 4638 REGISTRAR'S NO. 4638

CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. COUNTY KING COUNTY
b. CITY, TOWN, OR LOCATION SEATTLE, WN.
c. LENGTH OF STAY IN JD 7 DAYS
d. NAME OF HOSPITAL OR INSTITUTION SWEDISH HOSPITAL
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE WASH. b. COUNTY King
c. CITY, TOWN, OR LOCATION ENUMCLAW, WASH.
d. STREET ADDRESS 1120 COLE ST.
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☐ f. IS RESIDENCE ON A FARM? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)
First ALBERT Middle JAMES Last ERWIN, SR.

4. DATE OF DEATH
Month AUG. Day 20 Year 1959

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-17-85 9. AGE (In years last birthday) 73 10. If Under 1 Year: Months 3 Days 3 Hours 0 Min. 0

11. BIRTHPLACE (State or foreign country) MINNESOTA 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vincent Erwin 14. MOTHER'S MAIDEN NAME Louisa Sandberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. 532-03-4553A 17. INFORMANT Sarrah E. Erwin, 1120 Cole St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease
DUE TO (b) Generalized Arterio Sclerosis
DUE TO (c) Renal Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE
CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour 11:00 AM Month, Day, Year Aug 20, 1959

20d. INJURY OCCURRED While at work ☐ Not while at work ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1120 Cole St. 20f. CITY, TOWN, OR LOCATION Enumclaw COUNTY King STATE WA

21. I attended the deceased from Aug 17, 1959 to Aug 20, 1959 and last saw him alive on Aug 20, 1959. Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. R. Winters (Degree or title) MD 22b. ADDRESS 1120 Cole St. 22c. DATE SIGNED 23 Aug 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 24 Aug 59 23c. NAME OF CEMETERY OR CREMATORY Enumclaw 23d. LOCATION (City, town, or county) Enumclaw King Wash. (State)

24. FUNERAL DIRECTOR C. R. Winters ADDRESS Enumclaw, Wash. 25. DATE REC'D BY LOCAL REG. SEP 23 1959 26. REGISTRAR'S SIGNATURE S. P. Leiman